

Article

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An exploration of student mental health nurses' narratives about working with service users living with HIV

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Abstract

This article reviews student mental health nurses' narratives of working with service users with mental health problems and HIV. It is an explorative study including two student narratives reviewing their

experiences. This study could be replicated on a larger scale to further explore students' experiences of working with this service user group.

Background

Working in collaboration, we (Emma Jones and James Meek) have developed a shared interest in the intertwining nature of HIV and mental health, despite coming from very different clinical nursing backgrounds before making the switch to academia as lecturers at the University of Central Lancashire. Emma Jones is a Registered Mental Health Nurse and has worked in mental health services, particularly in forensic services, with service users with personality disorders. James Meek is a Registered Adult Nurse and worked in acute medicine prior to moving into sexual health services, particularly HIV and contraceptive care. There is a shared interest in student learning and narrative research. We thought it would be useful to conduct an experimental and explorative piece of narrative research investigating student nurses' experiences of caring for people living with HIV.

Narrative research is broad and encompasses a variety of stories told by individuals such as service users, their carers or clinical staff. Data gathered are analysed and themed to find common meanings of an individual's experiences. The research is generally presented from one of these two perspectives [1]:

1. Narrative is a human sense-making process which is essential for configuring lived experience.
2. Narrative is a tool of social construction; reality and meaning are configured through telling and sharing stories using the medium of language.

We thought it would be beneficial to understand stories from mental health student nurses about their experiences of caring for an individual living with HIV. Student nurses are often involved in research at academic institutions or clinical placements, working alongside research teams. They also undertake their own research; however, this is predominantly secondary research or literature reviews, although

some academic institutions offer student nurses the opportunity to undertake primary research through their dissertation or final academic piece of work. It has been noted that student education should be a research-based profession through the Nursing and Midwifery Council's Code [2]. However, it has been acknowledged that the large number of student nurses, and the need to ensure patient safety when research is undertaken, may present a challenge for nursing students wishing to become involved in research [3]. Student nurses may also find themselves 'being researched', and this article encompasses students being involved in research with their academic staff, and writing their own narrative reflections.

After conducting an initial review of the literature using the database CINAHL Complete, Boolean terminology and truncation [4] of HIV 'AND' Narrative* were searched, and 74 articles were identified. Most articles were patient narrative articles from key groups such as 'men who have sex with men' or 'African men or women'. These articles tell stories directly from patients of their experiences of living with HIV and then are themed to find common understanding from the research. It appears that student narratives have not been explored.

Student nurses were emailed and asked if they had cared for a patient living with HIV in the UK and would like to write a short reflective piece for an article. They were advised not to use a model of reflection but to write a 'page or so' on their experience. We left the options very open to students and made sure it was very much led by the students in their response. The two reflections below were received and provide two very interesting stories direct from student nurses about their own individual experiences. This review of student reflections could lead to a wider exploration of student experience, and ethical approval could be gained for a narrative study. Confidentiality has been

respected and all names and areas have been removed [2].

Student reflection 1

Whilst on a community placement, I worked with a patient who was HIV positive. This patient reported not being allowed to register with a GP as he had previously assaulted a member of staff whilst an inpatient, so had to attend whilst supervised, and was understandably reluctant to do so. He had not been to see his doctor for over a year and had not been to have his blood tests for a similar amount of time. He was quite open in discussing his HIV with my mentor and me and agreed to us making appointments with the doctor and at the sexual health clinic to have his blood tests taken. I telephoned and made his appointment for him and we escorted him to his appointments due to his level of anxiety. The reason he did not want to go for the blood tests was that he was terrified that his infection would have got worse and he would require medication. He felt that he could cope with having HIV as long as it did not require medication, but would not be able to live with the additional pressures of taking medication for it.

This patient had a very open and honest relationship with my mentor, and whilst I was on placement he also got in to a new relationship with another resident and service user in his supported accommodation. Due to his poor compliance with monitoring of his HIV status, we discussed with him the importance of practicing safe sex in this relationship. He assured us that because he was infected by a man who knew he had the illness, but did not use protection, he would never do that to another person.

Working with this patient provoked a range of emotions for me. Initially I was a little afraid as I was aware of his previous history of assaulting a member of staff and this was my first placement, making everything a little bit frightening. As I got to know the patient I became angry at the poor care he was receiving in relation to his HIV and GP care, as he was a vulnerable individual who had acted violently whilst unwell in hospital but I did not really feel he posed a risk to professionals whilst his mental health was being well managed. In effect he was falling through the cracks in the system, and this very serious condition was not being monitored for him in the same way that other patients would be, purely because of his mental health. I had a lot of admiration for his honesty when talking about HIV and his attitude towards infecting other people, but I was upset that he had been infected by somebody who had deliberately ignored the risk. Working with this patient improved my confidence in discussing sexual health with men, and also made me more aware of the importance of educating vulnerable patients.

Student reflection 2

On placement as a student nurse within an acute inpatient unit, I worked closely with a gentleman who had been diagnosed as HIV positive. He was a relatively young man, who described himself as gay. He reported being sexually assaulted following being given Rohypnol in a nightclub. The young man reported that this incident had resulted in him contracting HIV. As a result of this he had become very low in mood and was admitted to the mental health unit as he had stated that he had planned intent of ending his own life, and had been treated in hospital following a medication overdose.

The service user also lived with diabetes, and needed daily samples taken through the extraction of blood from the finger tips. People were wary of this, but as someone who reads around physical health issues, I was aware that with correct personal protective equipment (PPE; such as gloves) that risk could be minimised. I was advised that I had to be very disciplined around this, as I suffer from psoriasis and often have broken skin on my hands and fingers, therefore contact with blood could be particularly hazardous if precautions were not taken. However, I was transparent and had open discussions around this prior to treatment with the service user. We discussed why I felt I had to use PPE, which he understood, and I was aware that I should have this conversation with him beforehand so that there were no surprises. He would not feel like I was unduly cautious or that I may have prejudices around his condition. We were able to find that if we spoke openly and frankly about this that we could work well together.

As the HIV and trauma of the sexual assault were the main factors in his current mental state, it was difficult to instil hope, as the HIV would not be going away any time soon; we had to work around researching living with HIV and the management of it, in that people living with HIV can lead relatively normal lives when medicated appropriately. He had concerns around having to tell future sexual partners, and suffered self-esteem issues as a result, which he was having psychological input for. All the while, through his admission, he said that he had planned intent for suicide for when he left the ward, so risk was high.

Another issue we had to discuss was although we were not known to one another previously, there was a good chance we may cross paths in the future. This was, of course, a source of anxiety for him. We talked openly and transparently about this, and agreed that if we did happen to see each other that I would not acknowledge him and he would not acknowledge me, therefore minimising any stigma or embarrassment, although this would have been impossible to remove as he would naturally feel anxious if he were to see me. Incidentally, we have

seen each other since he was discharged and adhered to the agreed plan, although I can only imagine what this must feel like for him – he was by nature a private and intelligent individual, so having people he may see know about his situation must provoke anxiety and challenge his mood significantly.

I was off duty when he was discharged so never actually got to say goodbye, but I was glad that we had had such open discussion, as it taught me a lot about his physical health, as well as allowing us to come to agreement over what we should do in the event of seeing each other again.

Discussion

These two articles provide an interesting insight into student nurses and their experiences of caring for a patient living with HIV. Whilst this is only two reflections, and it would be difficult to analyse these data and draw any detailed conclusions from them, it does tell us a few things. Student nurses are supporting patients living with HIV and both articles explored the angle of mental health and the impact of this.

Student nurses need to learn about HIV in both theory and practical situations. With over 100,000 people living with HIV [5] in the UK it is likely that most nurses will at some point in their career care for a patient living with HIV. Whilst nurse education is varied, and learning on one particular topic alone is difficult, it would be beneficial to learn about HIV.

Service users with a mental disorder are at an increased risk of contracting HIV, and service users with HIV are at an increased risk of developing a mental disorder [6], demonstrating the interlinked nature of the two areas. Having both a mental disorder and HIV can impact heavily on prognosis of both conditions [6]. A further interesting area that is relevant to both service users with HIV and service users with a mental disorder is the impact of stigma, which can significantly impact on their quality of life [7], especially if a service user experiences both of these conditions. The two areas are intrinsically linked and should therefore be explored. Students are the future workforce; it is important to explore their thoughts and experiences of working with service users with HIV and mental health problems, understand them and therefore consider them within the development of nursing programmes.

A key element when working with people with mental health problems is the therapeutic relationship

and developing trust [8], as discussed in the students' narratives above. By being open and transparent they were able to build good relationships with their services users and support them while in mental health services. As educators it is vital that we encourage our students to work in this open and transparent way, thus supporting our service users in gaining the best quality of life they can.

Conclusion

This article has demonstrated the importance of gaining student nurses' narratives to begin to understand their experiences of working with service users with mental health problems and HIV. Further narratives would enhance the development of knowledge in this area and this explorative paper has shown that this could be explored in more depth with a higher number of students' narratives.

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